

<b>U.S. DEPARTMENT OF ENERGY</b>				
<b>ENVIRONMENTAL MANAGEMENT CONSOLIDATED BUSINESS CENTER</b>				
<b>ON-THE-SPOT AWARD NOMINATION FORM</b>				
<i>Instructions: This form is to be used to nominate an employee, or group of employees, for an On-the-Spot Award (awards for a group of employees must contain a separate nomination form and justification for each member of the group). All nominations must be sent to the nominated employee's servicing HR office for processing. All awards are subject to the approval of the employee's rating chain and availability of funds.</i>				
<i>References: 5 USC 45, 5 CFR 451, DOE Order 331.1C, EMCBC Incentive Awards and Recognition Program IP</i>				
1. Employee Name (Last, First, MI) and Organization:	2. Title/Pay Plan/Series/Grade:	3. Date(s) of Achievement:		
4. Recommended amount of EMCBC On-the-Spot Award (not to exceed \$500):	5. Approved amount of EMCBC On-the-Spot Award (not to exceed \$500):			
6. Justification (All justifications must be written in the <b>Situation, Task, Action, Result (STAR)</b> technique identified below. Please identify the value of benefit and extent of application of the action or service IAW Appendix O: Monetary Awards Scale of DOE O 331.1C. Use page two of this form to write the award justification. Use additional pages if needed):				
<p><b>SITUATION:</b> Identify the conditions or circumstances that precede or bring about the need for the task.</p> <p><b>TASK:</b> Identifies what must be done in order to address the situation.</p> <p><b>ACTION:</b> The specific acts taken by the nominee(s) to complete the task.</p> <p><b>RESULT:</b> Explains the outcome of the actions taken.</p> <p><b>EXTENT OF APPLICATION:</b> Explains the extent to which the results effect the organization, department, or government.</p> <p><b>VALUE OF BENEFIT:</b> Describes the value the results have on the situation.</p>				
7. Name/Title of Initiator:	7a. Date:	7b. Signature:		
8. Name/Title of Supervisor (if other than the initiator):	8a. Date:	8b. Signature:		
9. Name/Title of OHR Official:	9a. Date:	9b. Signature:		
10. Name/Title of OFM Official:	10a. Date:	10b. Signature:		
11. Name/Title of Approving Official:	11a. Date:	11b. Signature:	12. Effective Date in CHRIS:	Input by (initials):

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1. Employee Name (Last, First, MI) and Organization:	2. Title/Pay Plan/Series/Grade:	3. Date(s) of Achievement:
4. Justification Statement:		